

Food Distribution Program

Hoopa Valley Tribal Council

P.O. Box 498 • Hoopa, California 95546

(530) 625-4646 • Fax (530) 625-4717

County: _____

Location: _____

Date Received: _____

Recertification Application

Please fill out this recertification application if you have been receiving commodities and would like to continue. Applicant must provide **verification of residency, verification of income and any household changes.**

Name: _____

Mailing Address: _____

City

State

Zip

Telephone Number: _____ Message: _____

Residence address -

give directions to your home: _____

Has anyone living in home received **food stamps** this month or the previous month or have a case pending?
If YES, where? _____ Yes ___ No ___

Please list **household members** living in your household.

	Name	D.O. B	Social Security #	Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

What is your source of Income? Please provide a photocopy of all household income.

Who: _____ Source: _____ Gross Amount/How often? _____

Signature: X _____ Date _____

Office Use Only

Approval _____

Pending _____

Denied _____

On or Near Reservation

Certifiers Signature: _____ Date: _____

Comments: _____

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political belief.